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EDITORIAL

Editorial

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Among the many striking signs of our times, the *inversion of the population pyramid*—with causes discussed by sociologists, anthropologists, economists, historians, political actors, and others—compromises, with its consequences, all segments of human society. At this moment, for instance, we are experiencing (not just in Brazil) turbulences related to the stability of "social security" systems. Collectively, the *increasing* older population brings adjustments ("priority seats," "seniors parking spots," "retirement homes," etc.). Conversely, there is a curious bipolar aspect at the individual level. Generally, people wish to live longer (and science has provided the means to make it possible) but fear growing old because physical decline is still inescapable (for now). Thus, medicine provides life extension and also provides solutions for its consequences (cataracts, arthroses, etc.). As "responsible" for them, it should pay them attention. Medicine does so when it anticipates these occurrences so that if they cannot be avoided, they can be postponed, mitigated, or corrected. Hence, there is a rise of the relatively new field of Ophthalmogeriatrics and its care, a topic for which all of us must prepare, both as doctors and as patients.

This issue of eOftalmo is a result of these "new era" trends. As a mere consequence of such necessary "updates," and not for editorial purposes, three of its articles involve examination of conditions affecting older individuals, mainly and coincidentally, because they are increasingly seen by ophthalmologists. One of the papers presents a literature review on retinal arterial macroaneurysms (predominantly on the temporal side, mostly affecting women, both related to systemic hypertension and "the golden years") causing hemorrhage in retina and/or vitreous).

Another article is dedicated to the clinical picture, etiology, differential diagnoses, and treatment of strabismus (esotropia with a greater deviation when looking at a far object than at a close one) with a more frequent onset in the seventh or eighth decades of life and progressively increasing incidence, supposedly related to the involution of extraocular muscles and periocular structures.

Diabetes may affect younger individuals, and since it has cumulative effects associated with increasing age is an extremely important cause of visual loss (and functions of other organs). It becomes the topic of an interesting (and denunciatory) study about identifying the possibility of occurrence of retinopathy associated with this disease. The study comprised interviews with nine physicians, eight nurses, and 27 community agents working for Family Health Strategy teams in two Brazilian cities with different human development indices. It showed that "the professionals interviewed in this research demonstrate little to no knowledge about how to manage diabetic retinopathy, its diagnosis, treatment, and follow-up."

In the Discussed Clinical Cases section, there is a retrospective study of 134 patients who experienced accidents owing to foreign bodies in the cornea, and this mainly indicated the involvement of men (94.78%) and

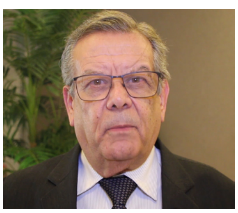
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individuals aged 19–35 years. The authors emphasize the disturbing report of the large number of accidents that occurred owing to a lack of use of protective equipment, despite their availability; lack of care in the first 24 hours (67 of 134 cases); complications, because attempts to remove the body by the patients themselves (42 of 134 cases), and recurrence of the accident (56 of 134 cases).

In one of our clinical case reports, the authors describe an IgG4-related orbital disease, which was identified recently; its pathogenesis has not been yet fully understood. In another report, the authors have discussed fungal keratitis, which was confirmed by performing histopathological examination of the cornea after transplantation. It is remarkable that the proper etiology was denied upon a culture test requested at the start of medical care; while the response to specific medical treatment, which was implemented on day 11 based on the diagnostic hypothesis suggested by clinical history, was poor.

Therefore, these are findings that highlight important concepts, show us new paths, raise concerns, and make us think.



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